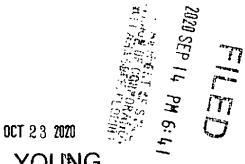
(Re	equestor's Name)	
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	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	





100352068941

09/14/20--01024--022 \*\*25.00



S. YOUNG

TO: Registra	ntion Section of Corporations			
SUBJECT:	One Ivy	Investments.	LLC	
50BJEC1:	No.	ame of Limited Liab	ility Comp	any
The enclosed Sta submitted for fili		Dissolution for Flori	da Limited	Liability Company and fee(s) are
Please return all	correspondence concernir	ng this matter to:		
MA	Ahew Dim	<u>c</u>		
	Contact Person	1		
	Firm/Company	,		
154	Ocean Pines Address	TERRACE		
_	kn, Fe 33 \City, State and Zip			
Matta d E-mail addre	Lane 152 hotess: (to be used for future	Man COM annual report notific	cation)	
For further infor	mation concerning this ma	atter, please call:		
Name o	of Contact Person	at (	a Code	Daytime Telephone Number
		•••		
	ig Address:			Street Address:
_	ration Section			Registration Section
Divisi	on of Corporations		E	Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroc Street, Suite 810

CR2E132 (10/15)

P.O. Box 6327

Tallahassee, FL 32314

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is
	Ore Try Investments, LCC
2.	The Articles of Organization were filed on
	document number <u>L1800000 7928</u>
3.	The delayed effective date the dissolution if not effective on the date of filing:  (effective date cannot be prior to or more than 90 days later than date document is received for filing)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
4.	A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).
	201 - C
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
6. ab	Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs:
	Muthrew Dame Signature Printed Name
	Signature Printed Name

FILING FEE: \$25.00